

MO7000007511

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

(Business Entity Name)

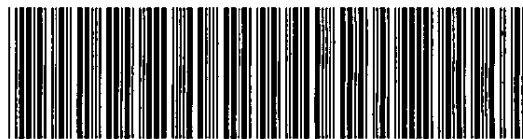
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M. THOMAS

SEP 23 2008

EXAMINER

MO7-7511

FOULSTON SIEFKIN LLP

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Wichita, Kansas 67206-4466
316.267.6371
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9200 Indian Creek Parkway
Overland Park, Kansas 66210-2017
913.498.2100
www.foulston.com

MEMBER OF LEX MUNDI, THE WORLD'S LEADING ASSOCIATION OF INDEPENDENT LAW FIRMS

Bank of America Tower, Suite 1400
534 South Kansas Ave.
Topeka, Kansas 66603-3436
785.233.3600
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Katie Gilliam
Administrative Assistant
913.253.2138
913.498.2101 Fax
kgilliam@foulston.com

September 17, 2008

FL Secretary of State
Registration Section - Division of Corporations
PO Box 6327
Tallahassee FL 32314

Re: Nueterra Healthcare Single Specialty Division, LLC
Application for Amended Certificate of Registration

Dear Sir or Madam:

Enclosed please find the following:

- (1) A completed Application by Foreign Limited Liability Company to File Amendment to Application for Authorization to Transact Business in Florida, to change the name of the above-referenced entity to: **Nueterra Healthcare Surgical Specialty Division, LLC.**
- (2) Cover Letter to Registration Section;
- (3) A certified copy of the name change amendment from the state of domicile;
- (4) A Certificate of Good Standing; and
- (5) Filing fee of \$25.00, with self-addressed stamped return envelope.

If you find these documents to be in order, please accept them for filing.

In the event you require further information, please feel free to contact the undersigned. Thank you for your assistance in this matter.

Very truly yours,

FOULSTON SIEFKIN LLP



Katie Gilliam
Administrative Assistant

Kg
Enclosures

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TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Nueterra Healthcare Single Specialty Division, LLC
(Name of Foreign Limited Liability Company)

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Ginny Woody

(Name of Person)

Foulton Siefkin LLP

(Firm/Company)

9200 Indian Creek Pkwy, Bldg 9, Ste 450

(Address)

Overland Park KS 66210

(City/State and Zip Code)

For further information concerning this matter, please call:

Ginny Woody

(Name of Person)

at (913) 498-2100

(Area Code & Daytime Telephone Number)

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

- ☒ \$25 Filing Fee ☐ \$30 Filing Fee & Certificate of Status ☐ \$55 Filing Fee & Certified Copy ☐ \$60 Filing Fee, Certificate of Status & Certified Copy

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TALLAHASSEE, FLORIDA
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**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE
AMENDMENT TO APPLICATION FOR AUTHORIZATION TO TRANSACT
BUSINESS IN FLORIDA**

SECTION I (1-3 must be completed)

1. Name of limited liability company as it appears on the records of the Florida Department of State: Nueterra Healthcare Single Specialty Division, LLC
2. Jurisdiction of its organization: Delaware
3. Date authorized to do business in Florida: December 28, 2007

SECTION II (4-7 complete only the applicable changes)

4. If the amendment changes the name of the limited liability company, when was the change effected under the laws of its jurisdiction of organization? September 4, 2008
5. New name of the limited liability company: _____
(must end with "Limited Liability Company," "L.L.C.," or "LLC.")

Nueterra Healthcare Surgical Specialty Division, LLC

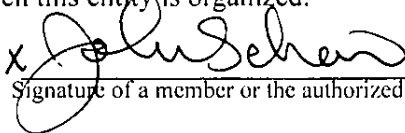
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must end with "Limited Liability Company," "L.L.C." or "LLC.")

6. If the amendment changes the period of duration, indicate new period of duration:

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

8. If the amendment corrects any false statement, indicate the statement being corrected and the correction: _____

9. Attached is an original certificate, no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.

x 

Signature of a member or the authorized representative of a member

John Schario, Manager

Typed or printed name of signee

Filing Fee: \$25.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Delaware

PAGE 1

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF AMENDMENT OF "NUETERRA HEALTHCARE SINGLE SPECIALTY DIVISION, LLC", CHANGING ITS NAME FROM "NUETERRA HEALTHCARE SINGLE SPECIALTY DIVISION, LLC" TO "NUETERRA HEALTHCARE SURGICAL SPECIALTY DIVISION, LLC", FILED IN THIS OFFICE ON THE FOURTH DAY OF SEPTEMBER, A.D. 2008, AT 3:38 O'CLOCK P.M.

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TALLIPSE FLORIDA

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You may verify this certificate online
at corp.delaware.gov/authver.shtml



Harriet Smith Windsor

Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 6831774

DATE: 09-04-08

State of Delaware
Secretary of State
Division of Corporations
Delivered 03:38 PM 09/04/2008
FILED 03:38 PM 09/04/2008
SRV 080927026 - 3829746 FILE

**STATE OF DELAWARE
CERTIFICATE OF AMENDMENT**

1. Name of Limited Liability Company: Nueterra Healthcare
Single Specialty Division, LLC
2. The Certificate of Formation of the limited liability company is hereby amended
as follows:

First: the name of the limited liability company is
"Nueterra Healthcare Surgical Specialty Division,
LLC".

IN WITNESS WHEREOF, the undersigned have executed this Certificate on
the 3rd day of September, A.D. 2008.

By: 

Authorized Person(s)

Name: John Schario, Manager

Print or Type

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TALLAHASSEE, FLORIDA

Delaware

PAGE 1

The First State

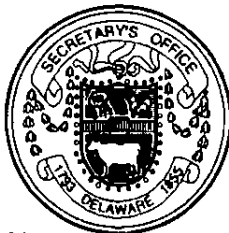
I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "NUETERRA HEALTHCARE SURGICAL SPECIALTY DIVISION, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE FOURTH DAY OF SEPTEMBER, A.D. 2008.

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TALLAHASSEE, FLORIDA

3829746 8300

080927026

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Harriet Smith Windsor

Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 6831778

DATE: 09-04-08